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Lamictal Consent Form and usage instruction form Lamictal “continuation” consent

I _____ understand that I have been offered and and currently on the medication
“Lamictal” for the use of:

This form is a reminder of how the medication is to be used and the possible dangerous reaction it may cause in rare cases.

You should understand that this medication can be very useful in the treatment of the above disorder but that it comes with certain inherent risks. Lamictal can, in rare cases, cause a life-threatening disorder called “stevens johnson disorder” In this reaction patients may get skin lesions that may look like simple pimples or splotches or blisters. You have been told that you must call our office at any time to report any skin lesions at all and especially if they appear around the time of a dose increase or decrease. You must also be particularly aware of any skin symptoms in mucous membranes like the eyes, mouth, rectal/vaginal area as the reaction will often occur in these places.

The important points about taking this medication are:

- * ALWAYS TAKE THE SAME DOSE EVERY DAY.
 - * NEVER DOUBLE UP THE NEXT DAY IF YOU FORGET A DOSE.
 - * ALWAYS CALL US AND LET US KNOW IF ANY OTHER PROVIDER PRESCRIBES ANY OTHER MEDICATION TO CHECK FOR INTERACTIONS.
 - * ALWAYS CALL US IF YOU HAVE ANY QUESTIONS ABOUT YOUR DOSE OR ARE UNSURE ABOUT ANYTHING RELATED TO THIS MEDICATION.
- I HAVE RECEIVED A COPY OF THIS FORM AND HAVE READ EVERY WORD

Patient

date

Andreas J. Edrich M.D.

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